





**IV. Employment History (continued):**

|                                    |       |  |                 |
|------------------------------------|-------|--|-----------------|
| Employer name and complete address | _____ |  |                 |
|                                    | _____ |  |                 |
|                                    | _____ |  |                 |
| Your job title and duties: _____   |       |  |                 |
| -                                  |       |  |                 |
| Dates employed: _____ to _____     |       | Total time employed: _____ (years/months)  |                 |
|                                    |       | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer |                 |
| Supervisor: _____                  |       |  |                 |
| Name                               |       | Phone  | Mailing address |
| Reason for leaving:                |       |  |                 |

|                                    |       |  |                 |
|------------------------------------|-------|--|-----------------|
| Employer name and complete address | _____ |  |                 |
|                                    | _____ |  |                 |
|                                    | _____ |  |                 |
| Your job title and duties: _____   |       |  |                 |
| -                                  |       |  |                 |
| Dates employed: _____ to _____     |       | Total time employed: _____ (years/months)  |                 |
|                                    |       | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer |                 |
| Supervisor: _____                  |       |  |                 |
| Name                               |       | Phone  | Mailing address |
| Reason for leaving:                |       |  |                 |

**V. Current professional licenses, registrations, or certifications:**

| Licensing agency name/location | Type of License | Endorsement/Restriction | Date licensed & expiration |
|--------------------------------|-----------------|-------------------------|----------------------------|
|                                |                 |                         |                            |
|                                |                 |                         |                            |
|                                |                 |                         |                            |

**VI. Other relevant experience, training, or skills:**

**VII. Professional references:**

Please list at least three professional references that you have worked with one year or longer (other than the former employers listed in section IV):

Name: \_\_\_\_\_ Mail address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Mail address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Mail address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**VIII. Driving and Criminal Record:**

Do you have a current valid Drivers License?  Yes  No

Have you ever been convicted of a felony?  Yes  No

**IX. Section 3 - Hiring Preference:**

**DO YOU CLAIM PREFERENCE UNDER Section 3 of the Housing and Urban Development Act of 1968?** Yes No **For further details, please see page 6 of this application packet. To formally claim this preference, please complete page 6 for submission with your application materials.**

**IX. Representations and Signature:**

**Equal Employment Opportunity**

The Helena Housing Authority is an equal opportunity employer and selects the best matched individual for the job based upon job related qualifications, regardless of race, color, national origin, age, physical or mental disability, marital or familial status, religion, creed, sex, sexual orientation, political beliefs, or other protected groups under State, Federal, or local Equal Opportunity Laws.

**Reasonable Accommodation**

The Helena Housing Authority is committed to providing reasonable accommodations to applicants and employees with disabilities in accordance with federal and state laws. Reasonable accommodations are available upon request to assist applicants and employees in any of the following:

- equal opportunity in the employment process
- enable qualified individuals with disabilities to perform the essential functions of the job; and
- enable employees with disabilities to enjoy equal benefits and privileges of employment.

Applicants who need an accommodation to participate in the selection process should request the accommodation as early as possible. The Helena Housing Authority will make every effort to respond promptly to a request for accommodation.

**I understand and agree that:**

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal or, if employed, termination from employment.
2. It is my understanding that the HHA will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. The Helena Housing Authority is committed to a work environment free from drugs, criminal activity and harassment. Employees of the Helena Housing Authority shall not engage in criminal activity including drug-related criminal activity while employed with the Helena Housing Authority. Involvement in such criminal activity shall be cause for immediate dismissal. Employees of the Helena Housing Authority will be provided with anti-harassment training and must commit to a work place free from harassment.
4. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I further understand that this is an application for employment and that no employment contract has been offered.

I understand that if I am employed, such employment is for no definite period of time and that the HHA can change wages, benefits, and conditions at any time.

I have read and understand the information above:

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SIGNATURE

DATE

